



PATENT
Attorney Docket No. INK-069
(2108/39)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Albert *et al.*
SERIAL NO.: 09/413,444 GROUP NO.: 1741
FILING DATE: October 6, 1999 EXAMINER: Not yet assigned
TITLE: Encapsulated Electrophoretic Displays Having a Monolayer of Capsules and
Materials and Methods for Making the Same

RESPONSE TO NOTICE TO FILE MISSING PARTS

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to a Notice to File Missing Parts dated November 3, 1999, Applicants submit an executed Declaration/Power of Attorney and an executed Statement Claiming Small Entity Status. Applicants also submit a Petition for Extension of Time to extend the period for a response by one month, up to and including February 3, 2000. A check is enclosed for payment of both the surcharge for a late filing fee or declaration and the fee for a one month extension of time.

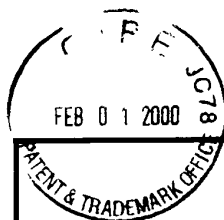
Applicants believe no other fees are due, but the Commissioner is hereby authorized to charge Deposit Account No. 20-0531 for any required fees that may be due.

Respectfully submitted,

Daniel A. Wilson
Attorney for Applicant
Testa, Hurwitz, & Thibault
High Street Tower
125 High Street
Boston, Massachusetts 02110

Date: January 28, 2000
Reg. No. P-45,508

Tel. No.: (617) 248-7226
Fax No.: (617) 248-7100



TRANSMITTAL FORM

Application Serial Number	09/413,444
Filing Date	October 6, 1999
First Named Inventor	Albert
Group Art Unit	1741
Examiner Name	Not yet assigned
Attorney Docket No.	INK-069

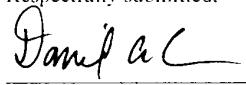
ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)
<input type="checkbox"/> Formal Drawing(s)
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> To Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)
<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input checked="" type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Additional Enclosure(s)
Associate Power of Attorney |
|--|--|--|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Date: January 29, 2000
Reg. No. P-45,508
Tel. No.: (617) 248-7226
Fax No.: (617) 248-7100
Daniel A. Wilson
Attorney for Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110



Section
\$

PATENT
Attorney Docket No. INK-069
(2108/39)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Albert *et al.*
SERIAL NO.: 09/413,444 GROUP NO.: 1741
FILING DATE: October 6, 1999 EXAMINER: Not yet assigned
TITLE: Encapsulated Electrophoretic Displays Having a Monolayer of Capsules and Materials and Methods for Making the Same

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, DC 20231 on this 28 day of January 2000.

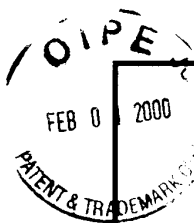

Thomas F. Hellenthal

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

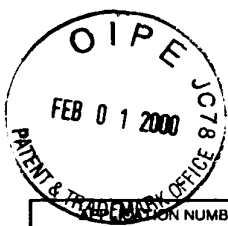
Submitted herewith are:

- (1) Transmittal Form (1 page);
- (2) Fee Transmittal (1 page);
- (3) Check in the amount of \$120.00;
- (4) Associate Power of Attorney (1 page);
- (5) Petition for Extension of Time (1 page);
- (6) Executed Small Entity Statement (1 page);
- (7) Executed Declaration and Power of Attorney (5 pages);
- (8) Response to Notice to File Missing Parts (1 page);
- (9) Copy of Notice to File Missing Parts of Application (PTO-1553) (1 page); and
- (10) a mailroom postcard.



FEE TRANSMITTAL <i>Note: Effective January 10, 2000. Patent fees are subject to annual revision</i>	<i>Complete if Known</i>	
	Application Serial Number	09/413,444
	Filing Date	October 6, 1999
	First Named Inventor	Albert
	Group Art Unit	1741
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	INK-069 (2108/39)

METHOD OF PAYMENT				FEE CALCULATION (continued)																														
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																														
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																											
FEE CALCULATION 1. FILING FEE <table border="1"><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>690</td><td>Utility filing fee</td><td></td></tr><tr><td>310</td><td>Design filing fee</td><td></td></tr><tr><td>150</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <table border="1"><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 78.00 =</td><td></td></tr></tbody></table> <input type="checkbox"/> Multiple Dependent Claim(s), if any \$260.00 = TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$) 0.00				Large Entity Fee (\$)	Fee Description	Fee Paid	690	Utility filing fee		310	Design filing fee		150	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 78.00 =		130	65	Surcharge - late filing fee or oath	65.00
				Large Entity Fee (\$)	Fee Description	Fee Paid																												
				690	Utility filing fee																													
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				Total Claims	- 20 =		x \$ 18.00 =																											
				Independent Claims	- 3 =		x \$ 78.00 =																											
				50	25	Surcharge - late provisional filing fee or																												
				130	130	Non-English specification																												
2,520	2,520	For filing a request for reexamination																																
110	55	Extension for reply within first month	55.00																															
380	190	Extension for reply within second month																																
870	435	Extension for reply within third month																																
1,360	680	Extension for reply within fourth month																																
1,850	925	Extension for reply within fifth month																																
300	150	Notice of Appeal																																
300	150	Filing a brief in support of an appeal																																
260	130	Request for oral hearing																																
130	130	Petitions to the Commissioner																																
50	50	Petitions related to provisional applications																																
240	240	Submission of Information Disclosure Statement (37 CFR 1.97(c))																																
130	130	Submission of Information Disclosure Statement (37 CFR 1.97(d))																																
690	345	Filing a submission after final rejection (37 CFR 1.129(a))																																
690	345	For each additional invention to be examined (37 CFR 1.129(b))																																
		Other (Specify)																																
				SUBTOTAL (3) (\$) 120.00																														
2. AMENDMENT CLAIM FEES <table border="1"><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 78.00 =</td><td></td></tr></tbody></table> <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$260.00 = TOTAL: (\$) SMALL ENTITY DISCOUNT: (\$) SUBTOTAL (2) (\$) 0.00				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 78.00 =		SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 120.00															
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																														
Total	-	=	x \$ 18.00 =																															
Indep.	-	=	x \$ 78.00 =																															
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				SIGNATURE BLOCK Respectfully submitted, Date: January 28, 2000 Reg. No.: P-45,508 Tel. No.: (617) 248-7226 Fax No.: (617) 248-7100 Daniel A. Wilson Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																														



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). **If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.**

If all required items on this form are filed within the period set above, the total amount owed by applicant as a
☐ **small entity (statement filed)** ☐ **non-small entity is \$** 130.00.

- ☐ 1. The statutory basic filing fee is:

- ☐ missing.
☐ insufficient.

Applicant must submit \$_____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

- ☐ 2. The following additional claims fees are due:

\$_____ for _____ total claims over 20.

\$_____ for _____ independent claims over 3.

\$_____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

- ☐ 3. The oath or declaration:

- ☒ is missing or unsigned.
☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

- ☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

- ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

- ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

- ☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

- ☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

- ☐ 9. OTHER: _____

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202